



**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS**  
 Finance and Administrative Services Department  
 Risk Management Division | Safety & Occupational Health Section  
**ACKNOWLEDGEMENT, AUTHORIZATION AND REQUEST**  
**FOR CRIMINAL BACKGROUND INFORMATION**

**INSTRUCTIONS**

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK AND RECORD RELEASE**

Check appropriate box for: **Employment, Volunteer or Community Service Worker**

**Employment**       **Volunteer**       **Community Service Worker (court ordered)**

I acknowledge receipt of the separate documents entitled **BACKGROUND INVESTIGATION DISCLOSURE** and A **SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**, and certify that I have read and understand both of the documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Broward County at any time after receipt of this Authorization and throughout my employment or period of volunteer service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-725-3343, [www.edgeinformation.com](http://www.edgeinformation.com), and/or Broward County, itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**PERSONAL INFORMATION – ALL SPACES MUST BE COMPLETED**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Other Prior Names/Maiden Names/Aliases: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Social Security Number: \_\_\_\_\_

Race: (Check One)  White-Not Hispanic  Black-Not Hispanic  Hispanic  Asian/Pacific Island  American Indian/Alaskan Native

Current Address: \_\_\_\_\_

How long have you lived in Florida? \_\_\_\_ Years \_\_\_\_ Months Driver's License: \_\_\_\_ License Number \_\_\_\_ State \_\_\_\_ Expiration Date \_\_\_\_

Previous Addresses: \_\_\_\_\_  
 Out of the state of Florida. Must be completed if you have lived in Florida for less than 10 years.

**CRIMINAL RECORD (if any)**

Since your 18th birthday, have you been convicted of or entered a plea of guilty or nolo contendere (no contest) to any violations of law. You must include all felonies and misdemeanors, other than non-criminal traffic offenses, even if adjudication was withheld?

Yes  No If yes, please provide the following information: (use a separate sheet of paper if multiple records exist)

Offense: \_\_\_\_\_  Misdemeanor  Felony

Name & Location of court: \_\_\_\_\_

Court Disposition: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: A conviction does not automatically disqualify you. The nature of the offense, how long ago it occurred, relationship to your duties and agency assigned, etc. will be given consideration.*

Printed Name: \_\_\_\_\_

**SIGN** ▶ \_\_\_\_\_ Date: \_\_\_\_\_  
 Candidate/Volunteer Signature





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**MORE INFORMATION ABOUT ACKNOWLEDGEMENT AUTHORIZATION AND REQUEST FOR BACKGROUND INFORMATION**

- Information from this page is needed by the liaison to complete all required background checks.
- The social security number field cannot be input electronically, it must be hand-written in each location.
- Alias names also include secondary last names, such as mother's maiden name, etc.

Return to the top of [Acknowledgement, Authorization and Request for Criminal Background Information](#).